

MONTOURSVILLE AREA SCHOOL DISTRICT

50 North Arch Street, Montoursville, Pennsylvania 17754-1900

Health Savings Account (HSA) Payroll Deduction Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Date of Birth: _____

HSA payroll deduction per pay:

New or revised HSA payroll deduction elections will be processed the first pay period of each month. Payroll deduction forms must be received by the business office at least ten (10) days prior to the pay date for processing.

HSA payroll deductions will be withheld from 24 pay periods per year (there will not be a deduction from the third pay of any month having three pay periods).

Contribution Limits: The annual HSA contribution from all sources cannot exceed the statutory IRS contribution maximums. Sources of HSA account funding include employer contributions, direct contributions, and payroll deductions. It is the account holder's responsibility to accurately calculate the payroll deduction. See the Department of Treasury website or contact the HSA administrator for the statutory IRS contribution maximums.

<http://www.treasury.gov/resource-center/fags/taxes/pages/health-savings-accounts.aspx>

By signing this form I authorize Montoursville Area School District to deduct the elected amount from my pay. I have carefully calculated my total annual HSA contribution from all sources of funding and I hereby consent that all information contained hereon is correct.

Signature: _____ Date: _____